

JPL 1636 ✓

**TRANSMITTAL  
FORM**

Total Number of Pages in this Submission :	Application Number: 10/082,772
	Filing Date: February 22, 2002
	First Named Inventor: Peter Droke
	Art Unit: 1636
	Examiner Name: Q. Nguyen
	Attorney Docket Number: DEBE:008US

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings(s) _____	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Statement under 37 CFR §3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Designation of Patent Practitioners	<input checked="" type="checkbox"/> Check in the amount of \$450.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: 50-1212/DEBE:008US/SLH.
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Sequence Statement
<input type="checkbox"/> References _____	<input type="checkbox"/> CD, Number CD(s) _____	<input type="checkbox"/> Paper Copy of Sequence Listing
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Computer Readable Form (CRF)
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Reply to Missing Parts/Requirements		<input checked="" type="checkbox"/> Submission of English Translation of the Priority Document DE 199 41 186.7
<input type="checkbox"/> Declaration(s) _____		<input type="checkbox"/> _____
<input type="checkbox"/> Copy of Notice of Missing Parts/Requirements		

Remarks:

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Fulbright & Jaworski, L.L.P.	Customer Number	32425
Signature			
Printed Name	Steven L. Highlander	Reg. No.	37,642
Date	September 16, 2005		

**CERTIFICATE OF TRANSMISSION/MAILING**

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